## MIDB/BUSINESS OBJECTS ACCESS REQUEST FINANCIAL UNIVERSES

| A. REQUESTER INFORMA   | ATION  |   |   |   |                |
|--|--|---|---|---|----------------|
| 1. Employee Name (Last, First, Initial)  |  |   |   |   | 2. Employee ID |
| 3. FACS Agency 4. Work Address   |  |   |   |   |                |
| 5. Telephone Number  |  |   | 6. E-mail Address   |   |                |
| <ul> <li>15.232(e)(i) and (ii) o</li> <li>The requester mus</li> <li>Most Financial Acagencies.</li> <li>Statewide Access</li> </ul>   | nposed of inform<br>f the Freedom o<br>t indicate, and<br>cess includes<br>includes all ag | · ·   | 15.231 et seq."<br>Administrator must v<br>exception of the Exe | erify, the requ   |                |
| Required Approval  |  |   |   |   |                |
| CFO Most Financial Access  |  |   |   |   |                |
| CFO & OFM Statewide Financial Access   |  |   |   |   |                |
| Financial Access includes access to all of the universes listed below:   |  |   |   |   |                |
| Fin Accounting Event Current/Prior Fin Accounting Event All FYs Fin Accounting Event Year End Daily Fin AE Summary Fin Agency Allocation Fin Agency Budget   |  | Fin Appropriation Fin Appropriation Year-End Daily Fin Cash Control Fin Fleet (Agency restricted for Most) Fin General Ledger Fin General Ledger Year End Daily |   | Fin Summary General Ledger Fin Grant Fin Profiles Fin Project Fin Data dictionary |                |
| Reason for Requested Access  |  |   |   |   |                |
| C. AGENCY AUTHORIZATION SIGNATURES  I agree to protect my user ID and password from unauthorized use. All access under my user ID is my responsibility. All information I obtain with it shall be used only in the proper conduct of State business. |  |   |   |   |                |
| Requester's Signature  |  |   |   |   | Date           |
| The requester <b>must</b> obtain the Supervisor and Agency Security Administrator signatures as well as the required authorization signatures for the requested MIDB access indicated in Section B.  |  |   |   |   |                |
| Supervisor Signature   |  |   |   |   | Date           |
| MIDB Agency Security Administrator (ASA)   |  |   |   |   | Date           |
| Chief Financial Officer (CFO)  |  |   |   |   | Date           |
| Office of Financial Management (OFM)   |  |   |   |   | Date           |

Please keep this document confidential.